			Application or Docket Number										
	PATENT A	RD		,	10/6	7	00 4	50					
./ Effective October 1, 2003													
Supresentition of the second s												OTHER SMALL E	
TOTAL CLAIMS			14					RAT	E	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	12	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/4 minus 20=		•			X\$ 9	n n		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		•			X43	, i		OR.	X86=	
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT					+145		•	OR	+290=	
• (†	* If the difference in column 1 is less than zero, enter "O" in column 2									201	OR	TOTAL	
363													
CLAIMS AS AMENDED - PART II  (Cotumn 1) (Cotumn 2) (Cotumn 3) SMALL ENTITY OR SMALL ENTITY													
A I		CLAIMS REMAINING		HGGS MLDA	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		247	ADDI- TIONAL
<b>AMENDMENTA</b>		AFTER AMENDMENT		PREVE					E			RATE	FEE
	Total	· /D	Minus	- ć	20	-0	]	X\$ 9	)=		OR	X\$18=	
MEN	Independent	٠ ک	Minus	••• ,	3	.0	]	X43			OR	X86=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+14			OR	+290=	
									TAL	<del>/</del>	1	YOYAL	
	ADDIT, FEE OR ADDIT, FEE												
	4	(Column 1)			mn 2) Kest	(Cotumn 3	1		٠.,	ADDI	1		ADDI-
8	8	REMAINING AFTER			ABER KOUSLY	PRESENT		RAT	E	TIONAL		RATE	TIONAL
AMENDMENT		AMENDMENT	<u> </u>	PALE	FOR	<del>                                     </del>	-	_		FEE	1		FEE
	Total	• 7	Minus		20	<del>                                     </del>	┨╴	XS	<b>)-</b>	/	108	X\$18=	
AME	Independent	NTATION OF M	Minus	DENIDEN	T CI AIM	<del>l /_</del> _	-	X43	)a		OR	X86=	/
J	PINST PRESE	MAINA OF BI	octor de de	CHOCK	1000		٤	+14	5=		OR	+290=	Ι .
	11-16-05								)TAL FEE		OR	YOTAL ADDIT FEE	
		(Column 1)		(Coh:	:mn 2)	(Column 3	3)	, , , , , , , , , , , , , , , , , , ,			-		
5	` .	CLAIMS		HIG	HEST VIBER	PRESENT	7			ADOI-	7		ADDI-
		AFTER AMENDMENT		PREV	NOUSLY O FOR	EXTRA	1	RAT	E	TIONAL FEE		RATE	TIONAL
AMENDMENT	Total	• //)	Minus		20		1	XS	9=	7	OR	X\$18=	
曼	Independent	• 2	Mirrus		3	•	1	X4:	_	/.	1	Nac.	
عا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	<b></b>		<u>'</u>	OR	-	
								+14			OR		
* If the entry in column 1 is test than the entry is column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20."  **OPT. FEE  ***OPT. FEE  **OPT. FEE  **OPT. FEE													
"	ii the Tiighest Nu The Tiighest Nur	imber Previously P nber Previously Pa	eid For IN TH ild For (Total (	us space V indepen	: is iess thi dentj is the	an 3. efter "3. e highest num	oer f	ound in t	he aç	propriate bi	oz in o	oluma 1.	

FORM PTO-675 (Rev. 1000)

Priest and Todorists Office, U.S. DEPOSTMENT OF COMMERC